DOCUMENT RESUME

ED 414 549 CG 028 212

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TITLE	Play Therapy Behaviors of Sexually Abused Children.
PUB DATE	1994-00-00
NOTE	31p.
PUB TYPE	Reports - Research (143)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Adolescents; Child Abuse; *Child Behavior; Children; Elementary Education; *Evaluation Criteria; Evaluation Methods; Play; *Play Therapy; Sex Differences; *Sexual Abuse
IDENTIFIERS	Play Style

ABSTRACT

The purpose of this study was to identify play therapy behaviors of sexually abused children. Surveys were sent to members of the Association for Play Therapy, of which 249 respondents, who worked with 16 or more sexually abused children, were used. Results indicate that there are identifiable and highly interrelated PTBs of sexually abused children, particularly boys and girls from 3 to 10 years of age. The dissociative PTBs found in this study suggest that girls and boys dissociate differently in response to sexual abuse. To dissociate, boys may require more tactile (water, sand, or both) and visual stimulation (reenactment of the abuse) than girls. Findings imply that girls probably dissociate more easily than boys. Sexually abused children in three of the four groups (boys, 3-6 years; boys, 7-10 years; girls, 7-10 years) frequently exhibit nurturing PTBs, which may reflect these children's perception of insufficient nurturing in their environments to meets their needs. Suggested use of the PTBs include assessments to detect sexual abuse, and recommendations for child placement and/or court testimony. (RJM)

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Running Head: PLAY THERAPY BEHAVIORS

ED 414 549

Play Therapy Behaviors of Sexually Abused Children

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Abstract

The purpose of this survey research was to identify play therapy behaviors of sexually abused children. To obtain the largest number of viable responses the survey was sent to the members of the Association for Play Therapy. The initial 140 items, identified as typical of sexually abused children, were found to be interrelated. Further analysis identified highly interrelated play therapy behaviors of sexually abused girls and boys from 3 to 10 years of age. Also identified were differences between gender and age groups. Suggested use of the play therapy behaviors include assessments to detect sexual abuse, recommendations for child placement and/or court testimony.

Identifying child victims of sexual abuse and validating this abuse is a difficult process (Berliner, 1988; Berliner & Conte, 1993; Jackson & Nutall, 1993). The most irrevocable evidence, medical, is rare (Adams & Wells, 1993; Gray, 1993; MacFarlane, et al., 1988; Meyers, 1993; Muram, 1989; Sgroi, 1982). The problem of identification is compounded in that only 26% of sexually abused children between the ages of three and seventeen years disclose sexual abuse on purpose; for preschoolers, purposive disclosure occurs only 9% of the time (Sorensen & Snow, 1991). False accusations of sexual abuse or misinterpretations by adults, often seen in divorce and custody cases, additionally complicate the process of validation (Berliner & Conte, 1993).

When sexual abuse was first studied, children's behavior revealed the effects of this abuse. These effects became the behavioral indicators used to help identify children who might be victims of sexual abuse. There are several widely recognized lists of the effects of sexual abuse that serve as indicators of sexual abuse (American Medical Association, 1985; Finkelhor, 1986; Gil, 1991; Sgroi, 1982). Child protective services workers, law enforcement officers, counselors, school teachers, and other professionals use these lists of behavioral indicators as "red flags" of abuse. Such lists may contain as few as six (Finkelhor, 1986) to as many as 70 behavioral indicators (Lew, 1988). Any single behavioral indicator on these lists may be the result of another stressor, such as parent's divorce, birth of a sibling, death of a significant person, or a normal reaction to various developmental stages. While other causes may explain any single indicator, several indicators displayed by a child may suggest the possibility of sexual abuse and, therefore, the need for further exploration into the possibility of abuse (Gil, 1991; Sgroi, 1982). Currently, there is no comparable list of play therapy behaviors.

Some effects noted in existing lists of behavioral indicators of sexual abuse might be found in the play therapy playroom; however, most would not. Behavior of a child in the play therapy room is often different from the behavior exhibited by that same child outside the play therapy room. For example, enuresis is frequently a behavior that leads parents to take their child for play therapy. Enuresis is also a regressive behavior frequently listed as an effect or behavioral indicator of sexual abuse, particularly for young children (American Medical Association, 1985; Lew, 1988). However, one would not typically see enuretic behavior in the play therapy room. Nevertheless, an enuretic child will express self in a variety of ways. Enuresis, for the child who is experiencing sexually abuse, can be an attempt at keeping oneself safe by trying to keep the abuser at a distance: "If I'm wet with urine the abuser won't want to touch me." The child's play therapy behavior may take the form of keeping the play therapist (adult) at a distance by playing out of the sight of the play therapist or frequently going in and out of the play therapy room (Everstine & Everstine, 1989; Gil, 1991).

Although there have been several studies of the play therapy behavior (PTB) of maladjusted children (Hendricks, 1971; Howe & Silvern, 1981; Moustakas, 1955; Oe, 1989; Perry, 1988; Withee, 1975), there have been no studies to identify the specific play therapy behaviors of sexually abused children. Referral to play therapy frequently occurs with the hope that within the safety of the therapeutic setting the child will disclose sexual abuse, should such exist. Additionally, children in play therapy for a presenting problem other than sexual abuse, may begin displaying behavior that the play therapist interprets as reflecting sexual abuse. However, without any research on such behaviors, the play therapist finds it difficult to make a professional assessment, comply with state laws regarding the reporting of abuse, or otherwise handle the case appropriately. Thus, the identification of specific play therapy behaviors

associated with sexual abuse will help mental health professionals in identifying, protecting and providing needed therapy for sexually abused children.

PROCEDURE

Instrument Development

The process to develop a survey instrument included three major steps. First, a review of the professional literature resulted in a list of 115 PTBs of sexually abused children. Organization of these PTBs resulted in thematic categories of play (aggressive, nurturing, regressive, sexualized, washing/cleansing, conflicted, dissociative, and uncategorized) and types of PTB (toy play, sand box play, art, interaction toward/with the therapist, and verbalizations).

Second, a panel of five renown experts in the field of play therapy established internal validity. The expert panel deleted PTBs they believed sexually abused children did not display and/or added PTBs they believed sexually abused children do display. They added 74 PTBs, deleted nine items, rewrote 25 items, and combined two items. All panel members approved this final list of 178 items for the field test.

The field test survey instrument was developed from the approved list of PTBs. Deletion of the thematic categories of PTBs (such as aggressive play, nurturing play, conflicted play, etc.) occurred to avoid unduly influencing the participants filling out the survey instrument. It was believed that the types of play (such as toy play, sand box play, etc.) would not bias the participants and thus were retained. A Likert scale reflecting frequency of the PTB used the following identified labels: 1, Never; 2, Very Seldom; 3, Seldom; 4, Often; 5, Very Often. To identify gender and age-based behaviors, this Likert scale was added to the categories of Boys, Age 3-6; Girls, Age 3-6; Boys, Age 7-10; Girls, Age 7-10. Therefore, the participant filled out the survey rating each PTB four times, using the Likert scale for each gender and age category.

Ten demographic questions regarding the play therapist were: Gender; Age; Highest Academic Degree; Discipline; Job Setting; Experience in Conducting Play Therapy; Training in Play Therapy; Number of Graduate Courses; Clock Hours in Professional Workshops/Conferences; Number of Sexually Abused Children in Play Therapy (individual cases); Average Number of Sessions with Sexually Abused Child Clients; and the Percentage of (the participant's) Weekly Practice with Sexually Abused Children in Play Therapy.

The third step in the development of the survey instrument was a field test to establish external validity. Thirty selected play therapists, identified based on their professional status as play therapists, received the survey instrument. They resided in Texas and California, many specialized in play therapy in graduate school, and were currently seeing several sexually abused children in play therapy. The field test participants completed the instrument and made written comments regarding clarity and usability. The 21 returned field test surveys were analyzed using Principal Components Analysis with Varimax Rotation. Initial review of the items for retention was at the typical loading of ±.30 (Tabachnick & Fidell, 1983). At this loading, only one of the 178 original items would be deleted, thus resulting in a lengthy instrument Therefore, a decision was made to retain only those items that remained at a loading of ±.50. On this basis, 38 items were identified and the panel of experts unanimously agreed to drop them. This higher loading resulted in a stronger, more powerful, and shorter instrument.

Although their loading was less than ±.50, retained following the field test were four items : 1) child washing own body and/or genitals, +.454; 2) rubbing sand on genitals and thighs, -.483; 3) washing self with sand (clearly cleansing, not sexual play), +.481; 4) burying aggressor symbol, -.457. These items were retained because "common knowledge" of play therapists held these to be PTB's of sexually abused children.

Participants

The population for this study was the 2,541 members of the Association for Play Therapy (APT). The APT membership consisted of a wide range of mental health professionals such as counselors, social workers, psychologists, psychiatric nurses, and psychiatrists.

The initial mailing included a cover letter, a survey instrument with demographic questions, a request for results card, and a self-addressed return envelope. Follow-up post card reminder mailings occurred, one week and four weeks following the initial mailing, to ensure the highest number of possible responses (Borg & Gall, 1989; Dillman, 1978).

As anticipated a large percentage, 46.18%, of the 786 APT members who replied were not seeing sexually abused children in play therapy and completed only the demographics page. Eliminating this group left a total of 423 (53.82%) completed surveys. To ensure the strongest and most robust findings possible, the only data used came from the play therapists most experienced in working with sexually abused children. Therefore, the data analyzed came from the 249 respondents who worked with 16 or more sexually abused children.

Demographics of Selected Participants

The typical play therapist who worked with 16 or more sexually abused children was female (87.1%), 40-50 years of age (40.6%) with a Masters degree (77.5%) in Counseling (50.2%) or Social Work (28.1%). Nearly one-third of these play therapists had more than four graduate courses in play therapy (29.3%) or 110 or more clock hours in play therapy training at conferences, workshops, or both (32.9%). Slightly more than half (51.1%) of the play therapists had over seven years of experience conducting play therapy. The largest single job setting was private practice (46.2%). Combining the job settings of child and family agencies with mental health and counseling agencies accounted for an additional 42.6% of the participants. Only 2.8%

of those respondents seeing sexually abused children were working in a psychiatric hospital setting. Surprisingly, with managed care companies pushing for brief therapy, 71.9% of the respondents averaged over 21 sessions with their sexually abused child clients.

Sexually abused children accounted for 26 - 50% of the weekly client load of 72 (28.9%) of the participants. Forty-seven (18.9%) of the participants had a weekly client load of 51-75% of sexually abused children. For 26 (10.4%) of the participants, 76-100% of their weekly case load consisted of sexually abused children.

RESULTS

Principal Components Analysis with Varimax Rotation, a form of factor analysis, was run to identify clusters of highly related PTBs. This statistical analysis was repeated for each of seven groups (All Children; All Boys; All Girls; Boys, 3-6 Years; Girls, 3-6 Years; Boys, 7-10 Years; Girls, 7-10 Years). No item scored below the typical loading of ±.30 indicating a high level of interrelatedness of all 140 PTBs on the survey instrument (Tabachnik & Fidell, 1983; Table 1).

[insert Table 1]

The fact of the interrelatedness of the 140 items is an important finding of this research: There are identifiable PTB's of sexually abused children. This large number of 140 PTBs gives some insight into the difficulty which play therapists have in identifying sexually abused children. There are, simply put, a very large number of PTBs that, in some way, relate to the play of sexually abused children.

A list of 140 PTBs is unwieldy and not useful for the typical play therapist in detecting possible sexual abuse. Therefore, review of each of the seven groups occurred at the loadings of

±.50, ±.55 and ±.60. Each time the loading level increased, nearly half of the remaining items were eliminated (Table 2). This resulted in a total of 22 PTBs at the ±.60 loading for All Children.

[insert Table 2]

Additionally, to help in making the findings more useful to play therapists, the PTBs were regrouped into the original thematic categories of aggressive, nurturing, regressive, sexualized, washing/cleansing, conflicted, dissociative, and uncategorized themes. Creation of several more definitive thematic categories further augmented understanding. These were: overt sexual, symbolic sexual, ambivalence, aggression/revenge, protection, anxiety about or denial of body, reestablishing control, and helplessness. The PTBs related to these thematic categories are identified in the following discussion.

Comparison of Age Groups

Reliability coefficients for the 140 PTBs were .98 for the four gender and age groups: Boys, 3-6 Years; Girls, 3-7 Years; Boys, 7-10 Years; Girls, 7-10 Years and .97 for All Children. An analysis of variance (ANOVA) showed significance between age groups, $p < .000$. No significance was found between gender groups.

Comparison of Boys, 3-6 Years and 7-10 Years.

Boys, 3-6 Years displayed more PTBs indicative of sexual abuse than did the older Boys, 7-10 Years. This increased number of PTBs was consistent at all three loading levels (±.50, ±.55, and ±.60), ranging from 34% to 111% (see Table 2), respectively. This larger number of PTBs by younger boys appears to result from a wider variety of play within thematic categories. At the lowest loading level (±.50), the younger boys displayed 27 PTBs not displayed by the

older boys: aggressive/revenge (Items 5, 7, 78, 90, 105, 106, 132, 139; Table 1), reestablishing control (Items 39, 90, 102, 105, 127, 138), nurturing (Items 19, 95, 96, 138), anxiety about or denial of body (Items 60, 61, 65), and ambivalence (Items 36, 91, 102). Other differences related to helplessness (Item 140), overt sexual (Item 28, 71), symbolic sexual (Items 43), and shame (Items 41, 130, 131). Conversely, the older boys displayed play regarding more self-protection (Items 56, 104, 123), overt sexual art (Items 68, 72), anger/revenge (Item 70), and distorted body image (Items 54, 72).

At the highest loading (±.60) the younger boys displayed 13 PTBs not displayed by the older boys. These PTB's were found in the following thematic categories: nurturing (Items 84, 92, 93, 94, 96), aggression/revenge (Items 29, 50, 55, 129), sexual (Items 23, 29, 113), anxiety (Items 50, 55), dissociation (Item 119), and the general theme item of God vs. Devil (Item 125). The older boys had only three PTBs not displayed by the younger boys all related to sexual play (Items 22, 30, 80). Note that three items (29, 50, 55) are listed in two themes categories. This is because play must be interpreted in context and these PBTs could be interpreted in more than one way.

Comparison of Girls 3-6 Years and 7-10 Years.

Unlike the younger and older boys, the younger and older girls had nearly the same number of PTBs at the lowest loading (±.50), 72 and 73 respectfully. However, the individual items differed. Younger girls displayed 13 PTBs that did not appear in the listing of the older girls. These PTB's were in the following thematic categories: compulsive cleaning/organizing (Items 37, 38, 39), nurturing (Item 15), anxiety about or denial of body (Items 60, 61), aggression (Item 139), dissociation (Items 15, 118), ambivalence (Item 86), guilt & shame (Item 131), love,

seduction, and sex (Item 133), and hopelessness (Item 140). The older girls had nearly the same number of PTBs not exhibited by younger girls, 12. Some PTB's related to similar thematic play as the younger girls, but expressed differently, nurturing (Items 19, 97) and aggression (Items 2, 70). The remainder of the PTB's related to protection (Items 20, 56), overt sexual (Items 26, 70, 71, 109) symbolic sexual (Items 49, 72), and punishment (Item 132).

Differences were more strongly noticed when comparing the younger and older girls at the highest loading level of ±.60. The younger girls displayed 12 PTBs while the older girls displayed 20 PTBs (Table 3). Of the 12 PTBs of younger girls, only three PTBs where not exhibited by older girls: sexual, both more oral in nature (Items 25, 80) and regressive (Item 94). However, over half (11) of the PTBs of older girls were not shown by younger girls. As with the younger girls, some related to overt (Items 22, 30, 64, 66) and symbolic (Item 53) sexual play. Other PTB's were thematic categories of protection (Item 51), aggression (Items 88, 100, 125), ambivalence (Item 35) and dissociation (Item 117). These findings suggest older girls use a wider variety of play related to sexual abuse than that exhibited by younger girls. This variety of behavior exhibited by older girls may vary with developmental differences (Kendall-Tackett, Williams, & Finkelhor, 1993).

[insert Table 3]

Comparison of Genders

Although an analysis of variance (ANOVA) showed no statistical significance between gender groups, there are some interesting clinical differences. These will be discussed by comparing gender groups within the same age grouping and comparing the All Boys and All Girls groups.

Comparison of Boys and Girls, 3-6 Years.

Several comments can be made regarding the differences between the PTB's of young boys and girls who have been sexually abused. At the ±.60 loading level young boys played out sexual intercourse positions (Item 23). This finding supports the results of behavioral comparisons of 2-6 year old boys and girls by White, Halpin, Strom, and Santilli (1988) indicating young boys display more interest in "intimate parts and behaviors of others" (p. 59). Varied expressions of the same sexual activity also occur at this loading. Younger boys draw pictures of large open mouths (Item 53), while young girls insert objects in their mouth, simulating oral sex (Items 25) and sexualized play through the use hand puppets to kiss the therapist on the face and neck (Items 80).

A type of dissociative behavior (Item 117: being in a trance like state, while playing with water and sand, or while reenacting the abuse) was identified for young boys but not young girls. Both genders shared the dissociative PTB of sitting in a chair staring off into space (Item 119). This may suggest that young girls may not need additional tactile stimulation to dissociate, thereby dissociating more easily than boys.

Young boys exhibited various regressive/nurturing PTBs more frequently than young girls. Understanding that labeling some play therapy behaviors as either regressive and/or nurturing depending on the context of the play, may indicate that young boys display more regressive PTBs than young girls and need to meet their own need for additional nurturing through play. This additional need for nurturing by young boys may indicate that they experience more severe loss of nurturing in their home environments because of sexual abuse than do young girls.

Comparison of Boys, 7-10 Years and Girls, 7-10 Years.

Both the older girls and boys shared the expression of nurturing PTBs. This may be reflective of child victims in this age range not receiving enough nurturing in their respective environments to meet their needs. Girls, 7-10 years old, displayed more direct nurturing interaction with the play therapist (at the ±.55 level; Items 85, 93, and 94). This interaction with the therapist may suggest the older girls need a caring, accepting, and protecting relationship with a significant person, in this case, the play therapist.

At each of the three loading levels, the older girls exhibited more PTB related to dissociating without tactile stimuli, the reenactment of the abusive incident, or both, than the boys of this same age range. This finding corresponds with the Girls, 3-6 Years group. This may also indicate that play therapists are alert to watch for dissociative behaviors connected to highly tactile play or reenactment of abuse. However, the play therapist must also be aware of this more subtle dissociative response by girls and be prepared to identify dissociation that may occur while the child is simply sitting in a chair in the playroom (Item 119).

Comparison of All Boys and All Girls.

The All Boys group did not share the additional ambivalence PTBs that the All Girls group displayed. This may suggest that, generally, girls have a more difficult time processing the positive and negative components of their experience. The female incest victim often struggles with understanding the receiving of nurturing from the same person who commits the sexual abuse. This is reflective of the betrayal category of psychological traumatization identified by Finkelhor and Browne (1985). Also, the ambivalence play may reflect girls trying to make sense of the positive feelings from the gain associated with the attention of the perpetrator (Everstine &

Everstine, 1989) and the negative labels given the perpetrator by significant others in the child's environment once disclosure occurs.

The All Boys group contained more sexualized PTB (loadings at ±.55 and ±.60) and cleansing/washing PTB (loadings at ±.50 and ±.55) than did the All Girls group. These findings may show that boys can more directly and overtly express sexual play. Boys may also feel a greater sense of being "damaged goods," thus needing the cleansing and washing play. Finkelhor and Browne (1985) identified the damaged goods perception as indicative of the stigmatization category of the psychological traumatization resulting from sexual abuse.

Discussion of the Four Items Retained at the Field Test

Retained in the final survey instrument were four specific items of play therapy behavior from the field test. Although identified as appropriate to drop, retention of these items occurred because of the view that play therapists hold these PTBs as "common knowledge" of sexually abused children. The four items were:

1. Item 12. Burying/hiding figures.

2. Item 33. Child washing own body and/or genitals.

3. Item 44. Rubbing sand on genitals and thighs.

4. Item 48. Washing self/parts of body with sand (clearly cleansing, not sexualized play).

These four items, as were all 140 PTB items on the survey, showed interrelatedness at the minimum factor analysis loading level of ±.30. However, raising the loading to ±.50 and higher, resulted in none of these items appearing. This shows that while these four PTBs are related at a minimum level to the other 136 PTBs of sexually abused children, these items are not

interrelated at more significant levels. This supports the findings of the field test and shows that having dropped the four items would not have changed the final research results.

The difference between common knowledge in the play therapy field and the findings of this research points to the need for continued research in this and related areas. These four PTBs were found in a case study used in several articles, at least one book, and for training in working with sexually abused children in play therapy. Since this case study is widely read and discussed, the play therapy behaviors identified in this case has erroneously become identified as significant. While clearly significant to the specific child in this case study, generalization to the population of sexually abused children in general is inappropriate.

SUMMARY

The results of this research indicate there are identifiable and highly interrelated PTB's of sexually abused children. The identification of PTB's associated with gender and age is meaningful. Play therapists need to be aware of these PTBs to better serve and advocate for the children with whom they work.

The dissociative PTBs found in this study suggests girls and boys dissociate differently in response to sexual abuse. Boys may require more tactile (water, sand, or both) and visual stimulation (reenactment of the abuse) than girls to dissociate. This also implies girls probably dissociate more easily than boys. Although play therapists may be prepared to watch for dissociative behavior from children during stimulating play (tactile, visual), they also need to be aware of the possibility of girls dissociating without any apparent stimulators.

Sexually abused children in three of the four groups (Boys, 3-6 Years; Boys, 7-10 Years; and Girls, 7-10 Years) frequently exhibit nurturing PTBs. This may reflect these children's

perception of insufficient nurturing in their environments to meet their needs. Boys, 3-10 years old, appear to meet their needs for additional nurturing through solitary nurturing play. Girls, 7-10 years old, may need more nurturing play involving a relationship with a person, i.e., the play therapist, to meet their nurturing needs. Therefore, it would be appropriate for play therapists to help parents or caretakers of sexually abused children to increase nurturing activities and relationships in the child's environment.

An interesting finding of this study relates to the presence of sand in the playroom. These findings indicate that the presence of sand in the play room may not be as necessary as previously thought to facilitate sexually abused children's exploration and expression of their needs.

REFERENCES

Adams, J., & Wells, R. (1993). Normal versus abnormal genital findings in children: How well do examiners agree? Child Abuse & Neglect: The International Journal, 17(5), 663-675.

American Medical Association (1985). AMA diagnostic and treatment guidelines concerning child abuse and neglect. Journal of the American Medical Association, 254, 796-800.

Berliner, L. (1988). Deciding whether a child has been sexually abused. In E. B. Nicholson & J. Bulkley (Eds.), Sexual abuse allegations in custody cases: A resource book for judges and court personnel (pp. 48-69). Washington, D.C.: American Bar Association.

Berliner, L., & Conte, J. (1993). Sexual abuse evaluations: Conceptual and empirical obstacles. Child Abuse & Neglect: The International Journal, 17(1), 111-125.

Borg, W., & Gall, M. (1989). Educational research: An introduction. NY: Longman.

Dillman, D. (1978). Mail and telephone surveys: The total design method. NY: Wiley & Sons.

Everstine, D., & Everstine, L. (1989). Sexual trauma in children and adolescents: Dynamics and treatment. NY: Brunner/Mazel.

Finkelhor, W. (1986). A sourcebook on child sexual abuse. Newbury Park, CA: Sage.

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. American Journal of Orthopsychiatry, 55, 530-541.

Gil, E. (1991). The healing power of play: Working with abused children. NY: Guilford Press.

Gray, E. (1993). Unequal justice: The prosecution of child sexual abuse. NY: The Free Press.

Hendricks, S. (1971). A descriptive analysis of the process of client-centered play therapy (Doctoral dissertation, North Texas State University, 1971). Dissertations Abstracts International, 32, 3689A.

Howe, P., & Silvern, L. (1981). Behavioral observation during play therapy: Preliminary development of a research instrument. Journal of Personality Assessment, 45, 168-182.

Jackson, H., & Nutall, R., (1993). Clinical responses to sexual abuse allegations. Child Abuse & Neglect: The International Journal, 17, 127-143.

Kendall-Tackett, K., Williams, L., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. Psychological Bulletin, 113(1), 164-180.

Lew, M. (1988). Victims no longer: Men recovering from incest and other sexual child abuse. NY: Harper & Row.

MacFarlane, J., Feldmeth, J., Saywitz, K., Damon, L., Krebs, S., & Dugan, M. (1988). Child sexual abuse: The clinical interview. NY: Guilford.

Meyers, J. (1993). A call for forensically relevant research. Child Abuse & Neglect: The International Journal, 17(5), 573-579.

Moustakas, C. (1955). The frequency and intensity of negative attitudes expressed in play therapy: A comparison of well-adjusted and disturbed young children. The Journal of Genetic Psychology, 86, 309-325.

Muram, D. (1989). Child sexual abuse: Relationship between sexual acts and genital findings. Child Abuse & Neglect: An International Journal, 13, 211-216.

Oe, E. (1989). Comparison of initial session play therapy behaviors of maladjusted and adjusted children. Unpublished dissertation, University of North Texas, Denton, Texas.

Perry, L. (1988). Play therapy behavior of maladjusted and adjusted children. Unpublished doctoral dissertation, University of North Texas, Denton, Texas.

Sgroi, S. (1982). Handbook of clinical intervention in child sexual abuse. Lexington, MA: Lexington Books.

Sorensen, T., & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. Child Welfare, 60(1), 3-15.

Tabachnick, B., & Fidell, L. (1983). Using multivariate statistics. NY: Harper & Row.

White, L., Halpin, B., Strom, G., & Santilli, G. (1988). Behavioral comparisons of young sexually abused, neglected, and nonreferred children. Journal of Clinical Psychology, 17(1), 53-61.

Withee, K. (1975). A descriptive analysis of the process of play therapy. (Doctoral dissertation, North Texas State University, 1975). Dissertations International, 36, 6406B.

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This research was made possible through a grant from the Center for Play Therapy, University of North Texas, Denton.

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Table 1

Play Therapy Behaviors

Toy Play

1. hitting a male doll's buttocks
2. harshly washing a doll
3. pulling hair while combing doll's hair
4. throwing all the toys on the floor
5. cutting/sawing off limbs from stuffed animals/dolls
6. non-accidental breaking toys
7. baby doll hitting father/mother doll
8. car chases with exaggerated speed and handling
9. untamed horses
10. play which backs toys into corner
11. killing aggressor symbol
12. burying hiding figures
13. hits adult dolls against hard surfaces: wall, floor, wooden stove
14. feeding self with the baby bottle
15. rocking self in a chair while holding a soft toy or doll
16. doll house play of feeding, cleaning, caring for the children
17. bathing, combing hair, diapering, and changing clothes of a baby doll
18. rolling on Bobo, soothing behavior
19. cuddling in a baby blanket
20. placing an aggressive toy to protect a non-aggressive toy
21. enacting sexual activity with animal toys/puppets
22. enacting sex play with dolls, pressing genitals of one doll to another doll's face
23. show sexual intercourse positions
24. taking pictures of dolls in sexually explicit poses with a pretend camera
25. inserting objects in own/toy's mouth, simulating oral sex
26. persistent masturbation
27. needing to go to the bathroom in the middle of play symbolic of abuse
28. undressing and exploring genital areas of dolls
29. hitting attempting to cut off doll's penis breast
30. pretending doll is "peeing" on another doll
31. washing toys before using them
32. frequent washing of hands during session, own and or therapist's

33. child washing own body and/or genitals
34. killing a toy, then bringing back to life
35. toy/symbol keeps changing identity/behavior from good to bad: friendly snake wraps around your neck; doctor cuts out hearts/kills; parenting figure who doesn't protect/hurts
36. building then destroying
37. washing of toys and/or play room
38. obsessive neatness: appears to be more worried about putting toys back than playing freely
39. compulsive sorting, naming exploring toys

Sand Box Play

40. repetitively filling and emptying cups of sand
41. smearing self with sand
42. making secret tunnels for hiding
43. building hills out of wet sand and poking holes in each of them
44. rubbing sand on genitals and thighs
45. covering genitals and thighs with sand
46. placing a snake or motorcycle between one's legs
47. dripping wet sand on a figure
48. washing self/parts of body with sand (clearly cleansing, not sexualized play)

Art

49. figure with displaced body parts
50. figure is drawn, scribbled on, ripped up, destroyed, thrown away
51. figures surrounded by circles or boxes
52. hands that are large, club-like, or shoot bullets
53. figures with large open mouths
54. asymmetrical/leaning figures
55. large parts of bodies crossed out
56. figure of self in elaborate clothes, to cover self
57. smearing self with clay
58. repetitive use of material: smoothing clay, shading in drawings
59. color, mutilate, crumple and throw away anatomical drawings
60. face only, no body
61. figure with only upper half of body
62. encapsulate self in drawing, cutting off lower half of body
63. two people in bed covered with dots, i.e. semen
64. drawing males with penises

65. draw genitalia, but labeled as a tree, cloud, heart, rainbow
66. people with genitalia
67. inclusion of long phallic shapes
68. genitalia with ejaculation
69. genitals drawn away from body
70. torsos with blood running down legs
71. people engaging in sexual activities
72. drawings of figures with emphasized cheek markings/make-up
73. stabbing/poking drawing of genitals with pen

Toward the Therapist

74. rubbing their body against the therapist
75. attempting to 'mount' the therapist
76. touching/grabbing the therapist's breasts or genitals
77. hugging therapist around waist, face in crotch
78. spitting
79. wanting to kiss and hug
80. using hand puppets to kiss therapist on face and neck
81. taking off underwear
82. saying they want to please
83. trying to second-guess what therapist wants
84. wanting to be covered with blanket
85. wanting to be fed by the therapist
86. initiating hide-and-seek
87. displays of anger: attempting to bite, hit, spit on therapist
88. calling the therapist names
89. stabbing at therapist
90. hiding/burying toys from therapist
91. starting to be aggressive, then stopping
92. hurting self in minor ways to get nurturing from therapist
93. wanting to be held and rocked like a baby, while sucking on a baby bottle
94. asking to be covered with blanket
95. feeding the therapist
96. wanting to be "put to sleep"
97. getting self dirty and asked the therapist's help in cleaning
98. scaring therapist by yelling "Boo", then comforting by patting on shoulder, saying "are you okay?"
99. giving money to therapist, then robbing
100. frightening figure does pleasant things to therapist: monsters kissing therapist
101. asking therapist to play, but therapist's character always gets hurt
102. starting an aggressive gesture then changing mid-movement

103. unable to tolerate being alone with the therapist for an entire session
104. huddling on the floor away from the therapist
105. need to be rescued/saved: climbing on furniture; drawing a figure, then telling therapist the figure is lost and instructs it be found

Verbalizations

106. identifying toy as perpetrator, putting the toy in jail, later burying it
107. on phone, screams hate to the perpetrator then expresses love before hanging up
108. use of only single words
109. requesting a sexual activity like, "let's make sex"
110. attempting/requesting permission to some/all remove clothing
111. requesting therapist remove clothing
112. referring to self as "a sexy lady"
113. references to "peeing and pooping"
114. sexual gestures when talking about abuser or home situation: rubbing doll between legs while talking; inserting finger in doll's mouth or rectum
115. no verbal interaction
116. reenacting the sexual abuse medical exam

Child's Presentation

117. being in a trance-like state, while laying with water and sand, or while reenacting the abuse
118. appearing glassy-eyed, stiff, and holding one's breath
119. sitting in a chair staring off into space
120. appears to be cut off from reality and in a world of their own
121. incongruent presentation of self: voice/words are bright/positive but eyes are hooded and body constricted; or, lilting/smiling face while talking/playing out horrible or frightening play
122. needing to go to the bathroom excessively
123. hiding for most of the session

Themes Of Play

124. good guys/people vs. bad guys/people
125. God vs. Devil
126. building new homes
127. taming wild animals
128. fixing things
129. drawings with themes of damage & violation
130. treating self a "bad child"
131. guilt and shame
132. punishment
133. love, seduction, and sex

134. need for protection: baby animal seeking protection from bigger/stronger

135. rescue & danger: monster threaten, super heroes/good figures help

136. good figures unavailable for help: call the doctor who cannot come because doctor is on vacation or at lunch

137. being lost/burying: lost puppies

138. medical/healing play: giving shots/bandaging/medicine

139. identification with aggressor: taking role or aggressor/evil character

140. hopelessness: fighting/earthquake in which no one wins/survives

Table 2

Number of Play Therapy Behaviors Retained at Various Loadings

Group	±.30	±.50	±.55	±.60
1. All Children	140	88	49	22
2. All Male	139	88	46	22
3. All Female	140	78	49	19
4. Male, 3 - 6 Years	139	86	46	19
5. Female, 3 - 6 Years	138	72	37	12
6. Male, 7 - 10 Years	138	64	33	9
7. Female, 7 - 10 Years	138	73	45	20

Note. n = 140.

Table 3
Comparison of Four Groups, at ± .60, with Thematic Categories

BOYS, 3-6 YEARS	GIRLS, 3-6 YEARS	BOYS, 7-10 YEARS	GIRLS, 7-10 YEARS
AGGRESSIVE PTB	AGGRESSIVE PTB	AGGRESSIVE PTB	AGGRESSIVE PTB
1 Hitting/attempting to cut off dolls' penis/breast	1 Hitting/attempting to cut off dolls' penis/breast	1 Stabbing/poking drawing of genitals with pen	1 Hitting/attempting to cut off dolls' penis/breast
2 Stabbing/poking drawing of genitals with pen	2 Stabbing/poking drawing of genitals with pen		2 Stabbing/poking drawing of genitals with pen
3 Figure is drawn, scribbled on, ripped up, destroyed, thrown away	3 Figure is drawn, scribbled on, ripped up, destroyed, thrown away		3 Figure is drawn, scribbled on, ripped up, destroyed, thrown away
			4 Calling the therapist names
REGRESSIVE PTB	REGRESSIVE PTB		REGRESSIVE PTB
4 Wanting to be covered with blanket	4 Asking to be covered with blanket		5 Wanting to be covered with blanket
5 Asking to be covered with blanket	5 Wanting to be held and rocked like a baby, while sucking on a baby bottle		
6 Wanting to be "put to sleep"			
7 Wanting to be held and rocked like a baby, while sucking on a baby bottle			
NURTURING PTB	NURTURING PTB		NURTURING PTB
8 Hurting self in minor ways to get nurturing from therapist	6 Hurting self in minor ways to get nurturing from therapist		6 Hurting self in minor ways to get nurturing from therapist
CONFLICTED PTB		CONFLICTED PTB	CONFLICTED PTB
9 Frightening figure does pleasant things to therapist: monsters kissing therapist		2 Frightening figure does pleasant things to therapist: monsters kissing therapist	7 Frightening figure does pleasant things to therapist: monsters kissing therapist
			8 Toy/symbol keeps changing identity/behavior - good to bad
ANXIETY PTB	ANXIETY PTB		ANXIETY PTB
10 Large parts of bodies crossed out	7 Large parts of bodies crossed out		9 Large parts of bodies crossed out
DISSOCIATIVE PTB	DISSOCIATIVE PTB	DISSOCIATIVE PTB	DISSOCIATIVE PTB
11 Being in a trance-like state, while playing with water and sand, or while re-enacting abuse	8 Sitting in a chair staring off into space	3 Being in a trance-like state, while playing with water and sand, or while re-enacting abuse	10 Being in a trance-like state, while playing with water and sand, or while re-enacting abuse
12 Sitting in a chair staring off into space			11 Sitting in a chair staring off into space

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MISC THEMES
13 God vs Devil
14 Love, seduction, sex
15 Drawings with themes of damage & violation

SEXUALIZED PTB
16 Sexual gestures when talking about abuser or home situation: rubbing dolls between legs while talking, inserting finger in dolls' mouth or rectum
17 References to "pecing and poohing"
18 Show sexual intercourse positions
19 Figures with large open mouths

SEXUALIZED PTB
9 Inserting objects in own/toys mouth, simulating oral sex
10 Sexual gestures when talking about abuser or home situation: rubbing dolls between legs while talking, inserting finger in dolls' mouth or rectum
11 References to "pecing and poohing"
12 Using hand puppets to kiss therapist on face and neck

MISC THEMES
4 Love, seduction, sex

SEXUALIZED PTB
5 Sexual gestures when talking about abuser or home situation: rubbing dolls between legs while talking, inserting finger in dolls' mouth or rectum
6 Pretending doll is "pecing" on another doll
7 Drawing figures with large open mouths
8 Using hand puppets to kiss therapist on face and neck
9 Enacting sex play with dolls, pressing genitals of doll to another doll's face

MISC THEMES
12 God vs Devil

SEXUALIZED PTB
13 Sexual gestures when talking about abuser or home situation: rubbing dolls between legs while talking, inserting finger in dolls' mouth or rectum
14 References to "pecing and poohing"
15 Pretending doll is "pecing" on another doll
16 Enacting sex play with dolls, pressing genitals of doll to another doll's face
17 Drawing figures with large open mouths
18 Drawing people with genitalia
19 Drawing males with penises
20 Drawing figures surrounded by circles or boxes

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